

APPLICATION CHECKLIST

IDAHO CONRAD J-1 VISA WAIVER PROGRAM

This checklist provides direction for submitting an application for a J-1 Visa Waiver recommendation from the Idaho Department of Health and Welfare. Please be sure to read the Idaho Statute in its entirety; Title 39, Chapter 61. Please contact the Bureau of Rural Health & Primary Care with questions at ruralhealth@dhw.idaho.gov or by phone (208) 334-0669.

APPLICATION FORMAT INSTRUCTIONS

The physician's case number must appear on all pages of the application and correspondence; and it must appear on the lower right hand corner of any envelope. The case number is assigned by the United States Department of State (USDOS). The J-1 Visa Waiver petitioning physician must obtain this by applying to the USDOS. Instructions may be found at: <https://j1visawaiverrecommendation.state.gov/>

All required information and documentation must be submitted in a single package. One (1) single-sided, unbound original and one (1) single-sided, unbound copy must be included. Do not staple, drill, tabulate or permanently bind the application or copy. The application and supporting documentation must appear in the order outlined by these instruction and checklist pages. Applications must contain original signatures. Faxes and electronic applications will not be accepted.

CHECKLIST

The application must contain the following, in the order listed:

- _____ Check to the *Idaho Department of Health and Welfare* in the amount of \$1,000.00, with the applicant case-number appearing in the memo field

- _____ DS-3035, J-1 Visa Waiver Review Application Form, "Data Sheet" issued by the United States Department of State

- _____ Letter from the applicant employer that wishes to hire the J-1 Visa Waiver petitioning physician; the letter must:
 - be on applicant's stationary
 - specify physician's full name, specify primary care or specialist physician (see Idaho Statute 39-6105), practice name and location
 - state physician's date and place (country) of birth
 - indicate qualifying federal shortage designation, designation type, and that the practice will provide care for the population for whom the designation was made, OR
 - o if the applicant employer seeks to utilize one of the state's 10 annually allotted Flex Waivers (a healthcare facility not located in a federally designated shortage area), indicate qualifying federal shortage designations and designation types where patients served by the proposed practice location resided in the 12 months preceding this application (see *Appendix E: Flex Waiver*)
 - state why other federal programs for waiver processing and recruitment resources were inaccessible
 - list Idaho taxpayer identification number, address, phone and fax numbers, and staffing list for the proposed practice location
 - specify length of time applicant has been in operation providing health care
 - include the physician's USMLE (United States Medical Licensing Examination) number, formerly known as the ECFMG number

_____ Contract for employment between the applicant and the J-1 Visa Waiver petitioning physician. The contract must:

- not have start or end dates, and state that it shall not commence until after the physician's J-1 Waiver and appropriate work authorization are approved and his residency program has been successfully completed
- state that the physician's term of service will begin when the Bureau of Citizenship and Immigration Services grants approval of the physician's waiver or within 90 days of the approval
- outline a competitive salary (not less than 95% of step II of local prevailing wages for field of practice in area to be served), and guarantee wages for three years
- list benefits – which are not part of base salary (including leave-annual, sick, CME credits pursuits and holidays)
- specify a term of not less than three years
- indicate that the physician will be employed full-time (**40 hours** - which will not include on-call hours or travel time), to provide **patient care only**, and indicate days and hours of practice
- indicate the practice location name and address
- specify the field of medicine of the J-1 Visa Waiver petitioning physician
- not contain a non-competition clause, or any provision that purports to limit the J-1 visa waiver physician's ability to remain in the area and provide care upon completion of the contract
- state that the physician will serve Medicaid, Medicare, low-income and uninsured clients, and the population of the federal designation for the area of underservice
- include a notarized statement by the physician that he/she agrees to meet the requirements set forth in section 214(l) of the Immigration and Nationality Act, as follows (*Appendix A* of the application packet)
- state that amendments shall adhere to state and federal J-1 Visa Waiver requirements
- state that the contract may be terminated only with cause, and cannot be terminated by mutual agreement until the statutorily required three years have expired
- state that the contract is assignable only by the employer to a successor with concurrence of the Idaho Department of Health and Welfare
- state that no transfer or other modification regarding the duration of the contract dates will be approved unless extenuating circumstances are shown to exist, as determined by the Idaho Department of Health and Welfare and approved by the United States Attorney General in accordance with applicable federal rules and regulations
- state that the contract will not be subject to changes which result in the termination of the contract, change in practice scope, or relocation from a site approved in the application. Any proposed changes must be presented in writing to the Idaho Department of Health and Welfare for consideration and approval at least thirty days prior to the proposed change
- be signed by both the J-1 Visa Waiver petitioning physician and the applicant employer, and the date it is signed must be clear.

_____ Legible copies of all IAP-66/DS 2019 forms (certificate of eligibility for exchange visitor status), covering every period the physician was in J-1 status, submitted in chronological order with "begin a new program" first (oldest on top). The physician's last IAP-66 must not have expired at the time the waiver request is submitted

_____ Curriculum vitae of J-1 Visa Waiver petitioning physician

_____ "No Objection" statement from the visitor's government, if foreign government funding was involved to sponsor their participation in the Exchange Visitor

_____ G-28 or letterhead from the law office, if the J-1 Visa Waiver petitioning physician is represented by an attorney. Contact, with name, phone and fax numbers must be included

_____ Legible copies (front and back) of all I-94 entry and departure cards for physician and family members

- _____ An explanation from the J-1 petitioning physician for any period spent in some other visa status, out of status, or outside of the United States
- _____ A personal statement from the J-1 petitioning physician regarding his/her reasons for not wishing to fulfill the two-year country residence requirement to which he/she agreed at the time exchange visitor status was accepted
- _____ Copy of the physician's current, active, unrestricted license to practice in the State of Idaho, or eligibility to apply for licensure, provided by the Idaho Board of Medicine
- _____ At least one letter of recommendation from the accredited American residency program, on the residency's letterhead stationary, which must:
- address the physician's interpersonal and professional ability to effectively care for diverse and low-income persons in the United States,
 - describe an ability to work well with supervisory and subordinate medical staff, and adapt to the culture of the United States health care facility,
 - document the level of specialty training, if any, and
 - include the name, title, relationship to the physician, address and telephone number of the signatory of the letter
- _____ Copy of sliding fee discount schedule
- _____ Proof of sustained recruitment over the six-month period prior to the waiver application, which shall include:
- regional and national electronic or print advertising stating the position available and the practice site location. The publication date must show,
 - recruitment contracts, if applicable, and
 - a mailing list of physicians who applied for the position, and the reason they were not selected
- _____ Evidence that a site visit took place for the selected physician
- _____ If the practice location is less than 12 months old, supporting documentation for a "new start" must be provided as follows:
- business plan that demonstrates legal, financial and organizational structures exist to support a stable practice environment
 - ability to support a full-time practice
 - written referral plans that describe how patients using the new primary care location will be connected to existing secondary and tertiary care if needed
- _____ *Appendix B*: A notarized statement that the physician does not have a J-1 Visa Waiver application pending for any other employment offer
- _____ *Appendix C*: Signed statement of attestation, agreement and compliance from the applicant employer
- _____ *Appendix D* and supporting documentation required therein: If the application is on behalf of specialist physician that is proposed to practice at facility in a federally designated shortage area
- _____ *Appendix E* and supporting documentation required therein: If the application is on behalf of a primary care physician that is proposed to practice at a facility in a non-federally designated shortage area
- _____ *Appendix D* and *Appendix E* and supporting documentation required therein: If the application is on behalf of a specialist physician that is proposed to practice at a facility in a non-federally designated shortage area

*Note: Appendix A: Agreement with Section 214(l) of the U.S. Immigration and Nationality Act, is to be included with the employment contract (see above)

SEND COMPLETE APPLICATIONS TO THE ATTENTION OF:

IDAHO CONRAD J-1VISA WAIVER PROGRAM
BUREAU OF RURAL HEALTH AND PRIMARY CARE
450 WEST STATE STREET, 4TH FLOOR
P.O. BOX 83720
BOISE, IDAHO 83720-0036

Please use the above address for correspondence.

For further assistance, contact:

Bureau of Rural Health and Primary Care

(208) 334-0669

(208) 332-7262 fax

ruralhealth@dhw.idaho.gov



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH